

# County of Imperial Attorney Request for Fees

Please electronically submit this bill and all attachments to [countycounsel@co.imperial.ca.us](mailto:countycounsel@co.imperial.ca.us).

**BILLING PARTY**

**NAME:**

**ADDRESS:**

**PHONE:**

**EMAIL:**

**SOCIAL SECURITY/TAX ID#:**

**BILLING MONTH:** \_\_\_\_\_

## STATE PRISON CASES

Case Name	CDC #	Case #	Prison CAL/ CEN	Charges	Billing Rate \$	Total Hours Billed This Month	Per Hour Total \$	Activity Code	Mileage / Other Expenses \$	Total this Bill \$	Amt Paid to Date on this Case \$
<b>TOTAL</b>											

**TOTAL REQUEST FOR FEES FOR THIS BILLING MONTH:** \_\_\_\_\_

\_\_\_\_\_  
DATED

\_\_\_\_\_  
ATTORNEY

\_\_\_\_\_  
County Counsel Approval

Hourly Rates: Misdemeanor \$50      Appeal: \$50      Felony: \$65      Serious Felony: \$75      Juvenile Delinquency \$65  
 Activity Code      (A) Prep for Trial/Court Hearing/Case work